

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington MO</u>	c. LENGTH OF STAY (In this place) <u>Life 3 days</u>	c. CITY OR TOWN <u>Rural. 0368</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Lyon Township - New Haven MO R#R</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>L.</u> c. (Last) <u>Brockmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Oct 17, 1882</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>73 10 13</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Claver Bottom MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Fred Brockmann</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Steffen</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Brockmann</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>.....</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Martha Brockmann New Haven MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		<u>24 h</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic C.V. Disease</u> <u>10 yrs</u> DUE TO (c) <u>Diabetes mellitus</u> <u>3 years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>old age</u> <u>none</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1954, to 30 Aug 1956, that I last saw the deceased alive on 30 Aug 1956, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Raymond J. Boggs M.D.</u>	23b. ADDRESS <u>Washington Mo.</u>	23c. DATE SIGNED <u>8/31/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 2 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John Evang.</u>
24d. LOCATION (City, town, or county) (State) <u>Leslie MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Semme Beauty Parlor Mo</u>	

DATE REC'D BY LOCAL REG. <u>8/31/56</u>	REGISTRAR'S SIGNATURE <u>L. P. Heideman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Semme Beauty Parlor Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

99-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by E. H. Lemme, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed E. H. Lemme

Licensed Embalmer No. 3076

P. O. Address Beaufort, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.